



PATENT Attorney Reference Number 4616-67958-01

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael A. Kuzyk et al.

**Application No.** 10/782,234 **Filed:** February 18, 2004 **Confirmation No.** 5234

For: VACCINES AND AGENTS FOR

INDUCING IMMUNITY IN FISH AGAINST RICKETTSIAL DISEASES, AND ASSOCIATED PREVENTATIVE

**THERAPY** 

Examiner: Not yet assigned

Art Unit: 1645

Attorney Reference No. 4616-67958-01

COMMISSIONER FOR PATENTS

P.O. BOX 1450

**ALEXANDRIA, VA 22313-1450** 

#### **CERTIFICATE OF MAILING**

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

.

Attorney for Applicant(s)

Date Mailed October 21, 2004

### TRANSMITTAL LETTER

Enclosed for filing in the application referenced above are the following:

Power of Attorney and Correspondence Address Indication Forms (4) (Kuzyk, Burian, Kay, and Thornton)

No fee should be required for this filing. The Director is hereby authorized to charge any fees that may be required to Deposit Account No. 02-4550. A copy of this sheet is enclosed.

Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

Вy

Richard J. Polley

Registration No. 28,107

K<del>LARQUIST S</del>PARKMAN, LLP

One World Trade Center, Suite 1600

121 S.W. Salmon Street Portland, Oregon 97204

Telephone: (503) 226-7391 Facsimile: (503) 228-9446

cc: Docketing

OT 25 2004 E

PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

ormation unless it displays a valid OMB control number.
10/782,234
10 February 2004
KUZYK, Michael A.
VACCINES AND AGENTS FOR INDUCING
1645
4616-67958

I hereby appoint:							
I nereby ap	роіпт:		<u></u>			$\neg$	
<b>✓</b> Prac	titioners associated	with the Customer Number:		2419	7		
OR							
Prac	titioner(s) named be	low:					
		Name		<del></del>	Registration I	himbo	
		Name			regionation i	Nulline	r 
I Г							
	•						
	attorney(s) or agent(s Office connected the	s) to prosecute the application erewith.	identified above,	and to trans	sact all business	in the l	Jnited States Patent and
Please reco	nanize or change the	correspondence address for t	the above-identifi	ed annlicati	ion to:		
					.071 (0.		
ווייייין	he address associate	ed with the above-mentioned C	Justomer Number	:			
OR		ł	f				
ın .	ـــــــــــــــــــــــــــــــــــــ	- d with Ountames Number					
The address associated with Customer Number:  OR							
Firm or							
<u> </u>	Individual Name						····
Addr			· · · · · · · · · · · · · · · · · · ·				
Addr	ess			Otata I		1 7:-	
City Cour	nto.			State		Zip	<u></u>
	phone			Fax	·		
I am the:	priorie			144			
	oplicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)							
Name Julian C. THORNTON (deceased) by Tracy THORNTON as personal representative							
Signature							
Date	·	Septo	रेड / 04		Telephone	261	2-995-1644
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of4 forms are submitted.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of infi	ormation unless it displays a valid OMB control number.
Application Number	10/782,234
Filing Date	10 February 2004
First Named Inventor	KUZYK, Michael A.
Title	VACCINES AND AGENTS FOR INDUCING
Art Unit	1645
Examiner Name	
Attorney Docket Number	4616-67958

I hereby appoint:							
		with the Customer Number:		24197	7		
Practitioner(s) named below:							
		Name	<del>"</del>		Registration	Number	
<u> </u>					<del>-</del>		
				•			
	4 T. L. T. L						
as my/our Trademan	attorney(s) or agent(s Office connected the	s) to prosecute the application erewith.	identified above,	and to trans	sact all business	in the U	nited States Patent and
	-	correspondence address for the		• •	ion to:		
	116 8001635 85506610	O WILL LIE BLOTE-INCHIQUIQU	Mammer Hamber	•			
OR							
	The address associate	ed with Customer Number:					
OR							
	Firm or						
	Individual Name		<del> </del>		<del></del>		
	ress						
City	ress			Ctato		l 7in	т
Cou				State		Zip	
	ephone			Fax			
I am the:			i				
	pplicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)							
Name William W. KAY							
Signature William Kay							
Date	Sept. 23	1/04/			Telephone		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of4forms are submitted.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are require

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

red to respond to a collection of infe	ormation unless it displays a valid OMB control number.
Application Number	10/782,234
Filing Date	10 February 2004
First Named Inventor	KUZYK, Michael A.
Title	VACCINES AND AGENTS FOR INDUCING
Art Unit	1645
Examiner Name	
Attorney Docket Number	4616-67958

I hereby appoint:			
тегоу арропи.			
Practitioners associated with the Customer Number:	24197		
<u> </u>	, <del>-</del> · · <del>-</del>		
OR			
Practitioner(s) named below:			
Name	Re	egistration Number	
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	dentified above, and to transact all	business in the United States Patent and	
Please recognize or change the согrespondence address for t	ne above-identified application to:		
The address associated with the above-mentioned C	ustomer Number:		
OR	<del></del> -		
The address associated with Customer Number:			
1	<del></del>		
OR Firm or			
Individual Name	<u>.</u>		
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		
l am the:			
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)			
Name Jan BURIAN			
Signature Jac Mus —			
Date	Tele	ephone 210 - 198 - 4442	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
*Total of4forms are submitted.			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/S3/81 (06-04)

Approved for use through 11/30/2005 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/782,234
Filing Date	10 February 2004
First Named Inventor	KUZYK, Michael A.
Title	VACCINES AND AGENTS FOR INDUCING
Art Unit	1645
Examiner Name	
Attorney Docket Number	4616-67958

I hereby appoint:				
Practitioners associated with the Customer Number:	24197			
OR L				
Practitioner(s) named below:				
Name	Řegistration ivumber			
as my(aux atternay/s) or apart(s) to proceed to the application is	dentified above, and to transact all business in the United States Patent and			
Trademark Office connected therewith.	tentilled above, and to transact all business in the United States Patent and			
Please recognize or change the correspondence address for the				
OR -				
The address associated with Customer Number:				
OR				
Firm or				
Individual Name Address				
Address				
City	State Zip			
Country				
Telephone	Fax			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)				
Name Michael A. KUZYK				
Signature 20 1CP				
Date Cct. 4 1004	Telephone 609 448-0046			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple torms if more than one signature is required, see below.				
*Total of4 forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.